

# CLAIMS ONLY

7-16-05

Application Number

09/467901

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5			1				55						
6			1				56						
7			<del>cancel</del>				57						
8			4				58						
9			4				59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			2				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24							74						
25							75						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			11				Total Indep						
Total Depend			18				Total Depend						
Total Claims			29				Total Claims						